STATES OF JERSEY POLICE

Your ref:

Our ref: RHLeB/PAO

Date: 12th May 1999.

TO:

M C St. J. Birt Esq. QC.
HM Attorney General
Law Officers' Department
Morier House
Halkett Place
St. Helier
JE1 1DD

Dear Attorney General

NURSE M

I refer to the attached report by Detective Inspector Faudemer concerning the above named who is currently on remand from the Magistrates' Court for a variety of charges involving Drugs, Theft and Firearms.

Mr. Faudemer's report details allegations and innuendo, the most serious of which indicate that Nurse M may, over a period of time, have terminated the lives of some patients at the General Hospital where he was employed as a Nurse.

I support Mr. Faudemer's recommendation that if enquiries are to continue a phased approach should be undertaken, the first of which would be to collate further evidence. However, I recognise that the continuation and development of this investigation will require a high level of legal advice and guidance from your department and our work will impinge upon the Health Authority and Viscount and given the uniqueness and sensitivity of such an investigation I feel it is appropriate to hold a high level meeting with yourself and others to whom I have copied this letter.

The purpose of the meeting will be to receive an oral brief from Mr. Faudemer who will be able to answer questions which you and others may have, followed by a general discussion to determine the way forward.

The meeting has been arranged for Thursday 20th May at 2.15 p.m. in the Conference Room at Police Headquarters and I look forward to seeing you.

Yours sincerely,

R. H. Le Breton
Chief Officer

c.c. Legal Adviser – Mr. Ian Christmas, Deputy Viscount – Mr. P. De Gruchy, Chief Executive Health Service – Mr. G Jennings, Deputy Chief Officer – Mr. R. Jones, Superintendent – T. Garrett, Director of Finance – Mr. M. Szpera.

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REPORT

Submitted by: Detective Inspector B. Faudemer.

Date: 8th May, 1999.

Subject: Investigation of NURSE M.

Sir,

This report has been compiled into three separate areas, namely:

1.Evidence which gives rise to concern, relating to the activities of NURSE M.

2. The recommended for phase 1 of any investigation.

3. The suggested manpower requirements for conducting such an investigation.

BACKGROUND

On Thursday, 1st April, 1999, Police Officers attended the home address of a female who disclosed that NURSE M, a Staff Nurse on Corbiere Ward, had stolen and stored drugs at her home address. The female, an ex-lover of Mr. NURSE M, produced to the officers, drugs in the form of Valium and Hypnoval, together with a syringe containing clear liquid and several packets of Coproxamol. These

have since been identified and their content verified. Hypnoval is more commonly known as a 'date rape' drug. Enquiries confirmed that the drugs were from the hospital and indeed had been sent from the Hospital Pharmacy to Corbiere Ward, where Mr. NURSE M worked.

A check on the Firearms Register held at Police Headquarters, revealed that Mr. NURSE M had possession of several firearms, and that his Firearms License had expired in October, 1998. The female who handed the drugs to the Police confirmed that NURSE M had attended at her premises with a loaded firearm.

Mr. NURSE M was arrested on returning to the Island on the 17th April, 1999, and, armed with a Warrant, his home address was searched. During the search, the following property was recovered.

1. One lump of brown cannabis resin, tablets and scales.
2. Knuckle-duster.
3. A Police Philips radio (in working order).
4. Bag containing various medications.
5. Eleven syringes with a clear liquid within, and other medication, including two bottles of potassium chloride.
6. Six firearms, with large quantity of ammunition.
7. One expired Firearms Certificate.

NURSE M was interviewed concerning the medication found, and at first suggested that the insulin in the eleven syringes was intended as an aid to body-building. He later changed this story, in that he intended to kill himself with the medication, by marching down to the Cenotaph in military dress, where he would inject himself with a lethal dose of insulin and potassium chloride.

He claimed that the medication recovered from his ex-girlfriend's address by the Police, which prompted the investigation, had originated from himself, but that he had taken it to the location by mistake, from Corbiere Ward, having left it in the pocket of his nurse's uniform.

Police Surgeon Dr. Michael HOLMES first expressed concern when he viewed the drugs recovered, in that a combination of insulin and potassium would be very difficult to detect in the body. Added to this, the amount of drugs in the possession of Mr. NURSE M cast doubt on his account, in that he had several lethal doses of drug. If a person with a serious medical history were to be injected with the combination of drugs found in the possession of NURSE M, the cause of death would not be clearly apparent. His possession of such drugs was therefore regarded as suspicious.

Enquiries have continued over the last three weeks, and have established that Mr. NURSE M has had several affairs with either patients or relatives of patients at the General Hospital.

A disturbing disclosure was received from a nurse in the United Kingdom, which will be subject of comment later in this report. The evidence which gives rise to the suspicion that Mr. NURSE M may have endangered the life of patients is as follows.

NURSE A

Nurse A in the UK, has disclosed in a statement recorded on the 6th May, 1999, that she had worked with NURSE M in Corbiere Ward during 1997 and 1998. She was part of a team of three who were responsible for one of four sections on Corbiere Ward. NURSE M, Nurse A and another male nurse, would work together. She was the more senior of the three, and had responsibility for assessing Mr. NURSE M's performance. It should be stated at this stage, that this nurse is currently critically ill in hospital, awaiting a lung and heart transplant, and may die in the near future. She holds the view that NURSE M was intent on terminating the life of very ill patients, and to support such a claim, she cites specific incidents.

Incident 1 – an elderly male admitted to Corbiere Ward (name unknown) suffered a heart attack which was further complicated when his insulin levels became abnormal. He was placed on a glucose drip, which is the normal procedure. The drip had been inserted correctly, and was working fine when Nurse A checked the patient on the previous evening in question. Nurse NURSE M handed over to a nurse on the ward, just prior to Nurse A arriving for duty (the am. shift). On this occasion, NURSE M had not worked with Nurse A and the normal team. As normal, the nurse checked on her patient and discovered, to her horror, that the glucose drip had been disconnected from the patient, and a bung put into the base, preventing the substance from leaking. The patient was unconscious and close to death. The nurse reconnected the drip and the patient recovered within about ten minutes.

Nurse A checked the patient's records and established that NURSE M, who had been solely responsible for his care had, at about 07.00 hours, entered a blood/sugar reading of '0.3'. She states this would be regarded as dangerously low (confirmed as critical by Dr. HOLMES). The nurse confronted NURSE M immediately, as he was still on the ward, and he explained that the patient must have moved and the drip disconnected. She, however, cannot accept this account, due to the bung being in place and the fact that the patient was unconscious. The nurse endorsed the patient's records accordingly, and reported her concerns to the Senior Nursing Officer Lesley HIGGINS.

The nurse alleges that HIGGINS disregarded the incident, in the hope that NURSE M would shortly move to another position in the Accident and Emergency Department, and would therefore no longer be a problem.

The nurse checked the patient's records some days later and noticed that an entry had been inserted by NURSE M which stated that, on discovery of a 0.3 blood/sugar level, the Duty Doctor had been informed. The nurse believes this to be a false entry on the part of NURSE M and that the doctor had not been consulted.

By placing a bung in the drip, she is firmly of the view that this was a deliberate act aimed at ending the patient's life.

Incident 2 – A Mrs. [name excised] was admitted to Corbiere Ward at around Easter 1997, with liver failure. The son of Mrs. [name excised] confided in the nurse that NURSE M had asked him why he bothered visiting, because his mother would be dead in the morning.

Mrs. [Name excised] died whilst on Corbiere Ward.

Incident 3 – Perhaps of greatest concern to Nurse A, was an incident in 1997, around the time Princess Diana died. Andrew NURSE M had responsibility for a patient on the ward who was critically ill (name unknown). In the final days of the patient's life, the family attended upon the patient 24 hours a day. Nurse A was approached by a member of the family, who asked why NURSE M would turn up the dose on the diamorphine pump during the evening and re-set it to its original setting, before the morning shift began. This rang alarm bells for Nurse A, who reported the matter to Lesley HIGGINS, who again did not take the matter very seriously. Dr. HOLMES holds the view that such action could result in the early termination of a patient's life.

Incident 4 – A young girl was admitted to Corbiere Ward, following an overdose. NURSE M found her attempting to hang herself in the toilet on the ward. The patient was transferred to the APU, where it is alleged that the young girl disclosed to a member of staff that NURSE M had offered to show her how to commit suicide correctly.

NURSE B

This incident occurred within the UK at Basingstoke Hospital. Nurse B was employed at the hospital and has disclosed in a statement, that she entered into a boyfriend/girlfriend relationship with NURSE M during his one year attachment to Basingstoke Hospital. She explained that they had experimented with [sexual activities excised], with her permission. This had, however, progressed to NURSE M becoming very violent, and he had on one occasion, thrown her over his shoulder and placed his knee on her chest, asking her if she wanted to die. She suffered a fractured sternum on this occasion. She alleges that the violence progressed to rape, and on one occasion, she was tied up on a table, naked, when he put a poker in the fire, took it out, placed it in water and ran it along her body at the time. Nurse B is very scared of NURSE M, and she was spoken to by her line manager, after sporting a black eye and cut lip at work.

Basingstoke CID have been asked to undertake a thorough investigation of her allegations, which, on initial assessment, suggest the victim may have suffered over 20 incidents of rape.

NURSE C

Nurse C worked with Nurse A and NURSE M. The nurse supports Nurse A's account of the detached glucose drip, and will provide a statement on Tuesday, 11th May, 1999. The early indications suggest that the allegation that the hospital authorities, in the form of Senior Nursing Officer Lesley HIGGINS, did not act correctly, are supported by Nurse C.

SENIOR NURSING OFFICER LESLEY HIGGINS

HIGGINS paints a picture of an over-confident Andrew NURSE M, who was taken to task for answering the telephone on the ward, introducing himself as the Ward Manager, rather than the junior nurse that he was. She recalls a clash of personalities between Nurse A and NURSE M, but has omitted to reveal important evidence. Firstly, she has not mentioned the incident described by Nurse A. In addition, she has failed to produce the written assessments on NURSE M, when Nurse A placed her concerns on record, in writing. Nurse HIGGINS has stated that she misses NURSE M, due to being short-staffed. Nurse HIGGINS regards the Police enquiries to date as an inconvenience.

HOSPITAL DEATHS

The Hospital Authorities, with the assistance of Senior Nursing Officer Jenny LE GALLAIS, have conducted a survey of deaths on Corbiere Ward, in conjunction with the duties of Andrew NURSE M, from the 1st March, 1998, to the 31st March, 1999. The average death rate is 4.5 deaths per month, but evenly distributed between NURSE M's duty time, rests days and annual leave.

In February, 1999, however, the records show a significant departure from this trend, and we see 8 deaths in four nights when NURSE M was on night duty. In March, 1999, five deaths occurred, all during the duty time or the next morning when NURSE M would have been on night shift. Such fluctuations could easily be explained by a serious bout of flu affecting frail or already critically ill patients, but equally it could be due to foul play.

POLICE SERVICE

The services of NURSE M were dispensed with by the States of Jersey Police in September, 1993, as a result of:
a) irrational behavior;
b) consistent failure to seek advice;
c) consistent failure or refusal to follow advice given;
d) regular indications of mistrust between him and his peers.
Due the lead-up to his dismissal, he was described as deceitful and sly.

MEDICAL ASSESSMENTS

Medical reports from Dr. Ian BERRY and Dr. VINCENT, the suspect's GP, indicate that NURSE M has suffered from post traumatic stress syndrome linked to his service in the Gulf War. He suffered from depression in January, 1999, when he attended his GP. At no time has he given an indication of suicidal tendencies. The treatment for depression and the rise in deaths on Corbiere Ward during February, 1999, do give me cause for concern.

Mr. Richard WALTER

Mr. Richard W ALTER is a US Forensic Psychologist based at the Michigan State Prison. He has considerable experience in the field of offender profiling and visited Jersey to attend the International Police Surgeons Conference. Whilst in Jersey, I took the opportunity to relay the facts of this case to him. He confirmed my suspicions that NURSE M possessed the hallmarks of a serial killer and that he was an extremely dangerous man. He found the sexual activities of NURSE M to be of particular note and the threat to kill Nurse B, on the occasion that he allegedly broke her sternum, was an indication of the man's unhealthy interest in death.

BAIL APPLICATION

NURSE M is due to reappear at the Magistrate's Court on the 19th of May, 1999, and a bail application is expected. He is currently held at St. Saviour's Hospital. The degree of security on Chausey Ward can only be described as poor.

CONCLUSION

Arising from the evidence above, I would recommend the following response from the States of Jersey Police.

I would advocate that this incident is broken up into two phases. Phase 2 should only be considered if significant evidence is uncovered during Phase 1.

Phase 1

The following action should be undertaken in pursuit of this case:

1) Recover all documents and appraisals from the Hospital in relation to NURSE M and patients mentioned in the statement of the nurses already interviewed.

2) Identify the patients referred to in the statement of Nurse A, and interview the relatives.

3) Identify and recover records of patients who died in February, 1999, and interview all relatives of such patients.

4) Identify and interview all past and present members of staff (46) in 1998.

5) Trace [name excised] reference possible sexual advances to her in Jersey by NURSE M.

6) Re-interview Lesley HIGGINS in more depth reference the disclosures of Nurse A.

7) Identify all patients who were resident in Corbiere Ward in February, 1999, and during incidents referred to in the statement of Nurse A.

8) Identify and interview the female and members of staff reference the suicide attempt, including the hospital staff she disclosed to.

9) Engage a UK expert arising from a similar enquiry, to advise on this investigation.

10) Devise a press strategy.

11) Conduct an emergency conference with Hospital Authorities and request Senior Nursing Officer Jenny LE GALLAIS assists with the enquiry.

12) Commence a HOLMES incident room.

13) Seize drugs records on Corbiere Ward.

14) Invite Basingstoke CID to conduct enquiries into NURSE M's activities whilst in post at that location.

15) Identify all friends in Jersey of Nurse A and interview them.

16) Record possible 'dying declaration' from Nurse A.

Dependent upon the results of Phase 1, Phase 2 may require the following action.

Phase 2

Consideration should be given to expanding this enquiry to all patients who died on Corbiere Ward during the term of office of Andrew NURSE M. This should, in my view, only be considered upon receipt of all the information obtained in Phase 1.

COST IMPLICATIONS

I have attempted to assess the manpower implications of undertaking such a major enquiry, and they are attached to this report in the following folders, together with other relevant data:

Folder 1: Schedule of suggested manpower requirements re: Phase 1.

Folder 2: Survey of deaths between the 1st March 1998, and 31st March 1999.

Folder 3: Statement of Nurse A.

Folder 4: Police report of Detective Sergeant 202 Andrew SMITH re: the seizure of drugs at the home address of Andrew Nurse M.

Barry Faudemer
Inspector – CID